BALDWIN COUNTY

medical reserve corps

Volunteer Application

Last Name:	First Name:	Middle Initial:

Home Address:		

City:	State:	Zip Code:

Home Phone:	Cell Phone:	Email:

Employer:	Title:	

Work Address:		

City:	State:	Zip Code:

Work Phone:	Work Fax:	Email:

Medical Volunteer: ❏ yes ❏ no   **Support Volunteer:** ❏ yes ❏ no

❏ Doctor ❏ Nurse Practitioner ❏ Nurse ❏ EMT ❏ Pharmacist ❏ Dentist ❏ Veterinarian ❏ Mental Health ❏ Other	License Type: Number: Expiration Date:

Medical Specialty:	Hospital Privileges:
Do you have RX Authority? ❏ yes ❏ no	DEA Number?
Valid AL Drivers's License? ❏ yes ❏ no	Languages Spoken:

Have you ever been convicted of a felony or misdemeanor? ❏ yes ❏ no
If yes, please explain:

A criminal background check may be required of some volunteers:
Yes, I agree that a background check may be performed.   Last four digits of SSN: __ __ __ __ DOB: ___/___/___

Print Name:	Date:
Signature:	Date:

Privacy Act Statement
This information is requested by the Alabama Department of Public Health for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law.

Please email to: Peggy.Lassiter@adph.state.al.us
Fax: 251-947-5703
or mail to Baldwin County Health Department
P.O. Box 369 Robertsdale, AL 36567